POSITION	INITIALS	ID NO.	DATE
	AS		09/06/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		4	
FORMALITY REVIEW		60125	10/18/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
−	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim Final	Original	Date									
		18/02	9/19/02	10/8/03							
①	1	✔	✔	✔							
②	2	✔		✔							
	3	✔		N							
	4	✔	✔	✔							
	5	✔	✔	✔							
	6	✔	✔	✔							
	7	✔	✔	✔							
	8	✔	✔	✔							
	9	✔	✔	✔							
	10	✔	✔	✔							
	11		✔	✔							
	12	✔	✔								
	13	✔	✔								
	14	✔	✔								
	15	✔	✔								
	16	✔	✔								
	17	✔	✔								
	18	✔	✔								
	19	✔	✔								
	20	✔	✔								
	21	✔	✔								
	22	✔	✔								
	23	✔	✔								

Claim Final	Original	Date									
		10/8/03									
	51	N									
	52	✔									
	53	N									
	54	N									
	55	✔									
	56										
	57										
	58										
	59										
	60										
	61										
	62										
	63										
	64										
	65										
	66										
	67										
	68										
	69										
	70										
	71										
	72										
	73										
	74										
	75										
	76										
	77										
	78										
	79										
	80										
	81										
	82										
	83										
	84										
	85										
	86										
	87										
	88										
	89										
	90										
	91										
	92										
	93										
	94										
	95										
	96										
	97										
	98										
	99										
	100										

Claim Final	Original	Date									
	101										
	102										
	103										
	104										
	105										
	106										
	107										
	108										
	109										
	110										
	111										
	112										
	113										
	114										
	115										
	116										
	117										
	118										
	119										
	120										
	121										
	122										
	123										
	124										
	125										
	126										
	127										
	128										
	129										
	130										
	131										
	132										
	133										
	134										
	135										
	136										
	137										
	138										
	139										
	140										
	141										
	142										
	143										
	144										
	145										
	146										
	147										
	148										
	149										
	150										

If more than 150 claims or 10 actions
staple additional sheet her

(LEFT INSIDE)